

PLAINTIFF/PETITIONER/MOVANT'S NAME

MANUEL TAMAYO TORRES JR.

PRISON NUMBER

V12118

PLACE OF CONFINEMENT

SALINAS VALLEY STATE PRISON

ADDRESS

PO BOX 1050
SOLEDAD CA 93960

FILED

2008 MAR -6 PM 3:10

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY RM DEPUTY

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HFP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
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Court	ProSe	<input checked="" type="checkbox"/>

United States District Court
Southern District Of California

MANUEL TAMAYO TORRES JR.
Plaintiff/Petitioner/Movant

v.

MARLIN SNYDER
Defendant/Respondent

Civil No.

'08 CV 0427 J AJB

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, MANUEL TAMAYO TORRES JR. CIV# V12118

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration SALINAS VALLEY STATE PRISON

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

San Diego Blood Bank 2003, I was starting at \$10.51 or so. I can't recall employer's name, Only attended training.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

I receive anywhere between \$20-\$50 dollars a month, you could call it a gift coming from my grandmother. It's every one to two months, different amounts.

4. Do you have any checking account(s)? ☒ Yes ☐ No now closed
- a. Name(s) and address(es) of bank(s): Bank of America, San Ysidro Blvd, San Ysidro Ca.
- b. Present balance in account(s): \$0.00 - never closed

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s):
- b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

- a. Make: Chevrolet Toyota Year: 1991-92 Model: Hummer
- b. Is it financed? ☒ Yes ☒ No 1999 Corolla

c. If so, what is the amount owed? The vehicle is not mine I gave it away to my sons mother's mom. Since I've come to prison they refuse to take the car out of my name. I no longer speak to these people!

1999, Toyota Corolla National City Mike of cars \$2500 owed to Finance company I was covered when the Toyota was taken from me.

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. Encarnacion Tamayo, Grandmother
\$20⁰⁰-50⁰⁰ a month or two

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

1. AT&T Telephone company San Diego \$300-350⁰⁰ owed.
 2. Cingular Wireless company San Diego \$1,500 or so owed.
 3. Blockbuster video company, Palm Ave San Diego one or two video's owed amount don't know.
 4. North Island Hospital San Diego Late Fees and video was never returned no excuse.
 5. Fast Chub Vista sharp or scripps San Diego Ca. paid for never billed.
 6. Possibly Bank of America San Ysidro Ca. paid for never billed.
10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): 1991-92 Chevrolet Lumina the car is under my name (Manuel Tamayo) Torres Jr. and Amalia Cisneros the car is not mine when I get out I will take it out of my name, I don't talk to these people. It was my sons grandma.

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

3/3/08

Manuel Torres Jr.

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant _____,
 (NAME OF INMATE)

 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ _____

and the *average monthly deposits* to the applicant's account was \$ _____

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, MANUEL TAMAYO ORRERA ^{CDC} # VI2118, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE

3/3/08



SIGNATURE OF PRISONER